

**Application for Authorization to Maintain Trust
Account Records at a Secondary Office**

LIC L-450 (Rev 05/07)

Instructions

This application is for authorization to maintain a secondary office *with separate trust account records*. (Trust account records are defined in sections 2190.2, 2190.4, 2190.5, and 2190.6 of Title 10 of the California Code of Regulations). Department of Insurance authorization is *not* required to operate a branch office if that office does not operate with a trust account record system separate from that of the organization's principal office. Submit the completed application to: Producer Licensing Bureau, **Department of Insurance, 320 Capitol Mall, Sacramento, CA 95814-4309.**

1. License Number: _____ 2. (____) _____

Business Phone

3. Name of licensee as it appears on license: _____

4. Principal Business Address: _____

Street

Suite #

City

State

Zip code

5. Address of Secondary Office: _____

Street

Suite #

City

State

Zip code

6. Name and license # of individual Fire and Casualty broker-agent managing Secondary Office:

Name

License Number

By my signature below I certify on behalf of myself or my organization that I understand the following: 1) The submission of this application to the Insurance Commissioner does NOT constitute express or implied authorization to maintain records at the proposed secondary office. Such activity is prohibited until the applicant has secured written authorization from the Insurance Commissioner. 2) If authorization is granted pursuant to this application, all records required by the California Code of Regulations ("CCR"), Title 10, Section 2190 et seq., pertaining to business transacted at the secondary office, will be maintained at that secondary office. I understand that any violation at the secondary office of the CCR or Insurance Code Section 1734, will constitute grounds for disciplinary proceedings against my/our license(s).

Name of applicant or representative (please print)

Signature

Date

Notice: The information requested on this form is solicited pursuant to Insurance Code Section 1727. The information will be used to determine whether or not you can be authorized to maintain records at a secondary office. Your providing this information is voluntary; however, not supplying it may make it impossible for the Commissioner to authorize you to maintain records at a secondary office. You may review personal information supplied to the Department of Insurance on this form by contacting the Chief of the Producer Licensing Bureau at: 320 Capitol Mall, Sacramento, CA 95814. Telephone (916) 322-3555 or (800) 967-9331, Web site address: www.insurance.ca.gov.

DEPARTMENT USE ONLY

File # _____ Final disposition: ☐ Auth ☐ Rejected Inv. _____ Date: _____

Address keyed: _____ WS #: _____